



## APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

### ALPINE COUNTY SUPERIOR COURT

Administration - Personnel

P.O. Box 518

Markleeville, CA 96120

(530) 694-2113

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOCIAL SECURITY  
NUMBER: \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO PHONE NO. \_\_\_\_\_ APARTMENT NO. \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY: \_\_\_\_\_  
NAME ADDRESS PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

☐ YES ☐ NO

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

NAME OF LAST SUPERVISOR AT THIS COMPANY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED?	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

\_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES:** LIST AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR PESERVES \_\_\_\_\_ DATE OBLIGATION ENDS \_\_\_\_\_

## SPECIAL QUESTIONS

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No

WOULD YOU BE ABLE TO PERFORM ALL ASPECTS OF THE JOB WITH OR WITHOUT AN ACCOMMODATION? ☐ YES ☐ NO

WHAT ACCOMADATIONS WOULD BE NEEDED FOR YOU TO PERFORM THE JOB TASKS? \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ ☐ READ ☐ WRITE

\_\_\_\_\_ ☐ READ ☐ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO

DESCRIBE: \_\_\_\_\_

I understand and agree that I may be required to take one or more physical examination: lie detector test(s) as a condition of hiring or continued of hiring or continued employment. I agree to consent to take such test(s) such time as designated by the Court and to release the Court, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) ☐ Yes ☐ No

## CERTIFICATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISPREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COURT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COURT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COURT."

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_